

# UNITED STATES DISTRICT COURT

District of \_\_\_\_\_

United States Court  
Southern District of Texas  
FILED

AUG 24 2018

David J. Bradley, Clerk of Court

## APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

Plaintiff

V.

Defendant

CASE NUMBER: \_\_\_\_\_

I, Douglas Collins #298978 declare that I am the (check appropriate box)  
☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration Wallace Pack Unit Navasota Texas

Are you employed at the institution? NO Do you receive any payment from the institution? No

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. I get s.s.I check.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |                              |  |
|---|------------------------------|--|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

4. Do you have **any** cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. NONE

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value. NONE

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. NONE

I declare under penalty of perjury that the above information is true and correct.

T 8/21/2018

Date

Douglas Collins #298978

Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.



101,628 MEDICAL CO-PAY OWED: .00  
FEDERAL COURT FEE OWED: .00  
TEXAS COURT FEE/CHARGE OWED: .00

LOCATION: DORM B 7

01: UNIT: P1

NAME: COLLINS, DOUGLAS

DATE: 04/30/18

ACCOUNT NUMBER: 00278978

INDIGENT SUP. OWED: 100.33 OTHER HOLD AMOUNT .00 BEGINNING BALANCE: .00

04/18	ITEM/DESCRIPTION	WITHDRAWALS	DEPOSITS	BALANCE
10	AB 000000 000050 POSTAGE	.00		.00
18	AB 000000 000050 POSTAGE	.00		.00
19	AP 1804190905		.50	.50
19	AB 000000 000050 POSTAGE	.00		.50
19	AB 000000 000071 POSTAGE	.00		.50
19	PP 000050 000000	.50		.00
24	AB 00 00 000050 POSTAGE	.00		.00
25	AB 00 00 000050 POSTAGE	.00		.00

ALL TRUTH FUNDS ACCOUNTS ARE DEMAND. YOU WILL NOT EARN ANY INTEREST. YOU MAY WANT TO DEPOSIT EXCESS FUNDS IN A SAVING INSTITUTION OF YOUR CHOICE.



TFSTMT

119,352 MEDICAL CO-PAY OWED: .00

FEDERAL COURT FEE OWED: .00

TEXAS COURT FEE/CHARGE OWED: .00

LOCATION: 12-B-B ROW-1 17 UNIT: BT

NAME: COLLINS, DOUGLAS

ACCOUNT

DATE: 11/30/17

NUMBER:

00298978

INDIGENT SUP. OWED: 76.34 OTHER HOLD AMOUNT .00

BEGINNING BALANCE: .00

11/17	ITEM/DESCRIPTION	WITHDRAWALS	DEPOSITS	BALANCE
01	AB 000000 000049 POSTAGE	.00		.00
02	AB 000000 000049 POSTAGE	.00		.00
10	AB 000000 000000 POSTAGE	.00		.00
30	AB 000000 000098 POSTAGE	.00		.00

INMATE TRUST FUND ACCOUNTS ARE DEBITED FOR ALL DEPOSITS. YOU WILL NOT RECEIVE A STATEMENT FOR THESE DEPOSITS.



TFSTMT

119,542 MEDICAL CO-PAY OWED:

.00

FEDERAL COURT FEE OWED:

.00

TEXAS COURT FEE/CHARGE OWED:

.00

LOCATION: 12-B-B ROW-1 17 UNIT:

NAME: COLLINS, DOUGLAS

ACCOUNT

DATE: 12/29/17

NUMBER:

00298978

INDIGENT SUP. OWED:

54.62

OTHER HOLD AMOUNT

.00

BEGINNING BALANCE:

.00

12/17	ITEM/DESCRIPTION	WITHDRAWALS	DEPOSITS	BALANCE
01	AB 000000 000052 POSTAGE	.00		.00
04	AB 000000 000147 POSTAGE	.00		.00
06	AB 000000 000049 POSTAGE	.00		.00
07	AB 000000 000049 POSTAGE	.00		.00
08	AB 000000 000035 POSTAGE	.00		.00
11	AB 000000 000098 POSTAGE	.00		.00
15	AB 000000 000052 POSTAGE	.00		.00
18	AB 000000 000049 POSTAGE	.00		.00
20	AB 000000 000049 POSTAGE	.00		.00
21	AB 000000 000147 POSTAGE	.00		.00
22	AB 000000 000052 POSTAGE	.00		.00
29	AB 000000 000049 POSTAGE	.00		.00

INMATE TRUST FUND. ACCOUNTS ARE DEMAND ACCOUNTS. YOU WILL NOT EARN ANY INTEREST. YOU MAY WANT TO DEPOSIT EXCESS FUNDS IN A SAVINGS INSTITUTION OF YOUR CHOICE.



TESTMT

119,060 MEDICAL CO-PAY OWED: .00

FEDERAL COURT FEE OWED: .00

TEXAS COURT FEE/CHARGE OWED: .00

LOCATION: 12-B-B ROW-1 17 UNIT: ST

NAME: COLLINS, DOUGLAS

ACCOUNT

DATE: 01/31/18

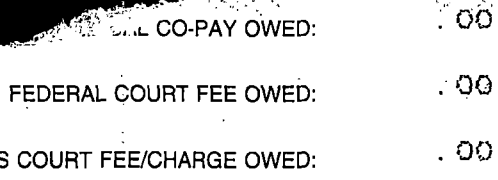
NUMBER: 00298978

INDIGENT SUP. OWED: 92.92 OTHER HOLD AMOUNT .00 BEGINNING BALANCE: .00

	ITEM/DESCRIPTION	WITHDRAWALS	DEPOSITS	BALANCE
01/18				
02	AB 000000 000049 POSTAGE	.00		.00
03	AB 000000 000049 POSTAGE	.00		.00
04	AB 000000 000098 POSTAGE	.00		.00
05	AB 000000 000072 POSTAGE	.00		.00
06	AB 000000 000049 POSTAGE	.00		.00
10	AB 000000 000049 POSTAGE	.00		.00
12	AB 000000 000049 POSTAGE	.00		.00
16	AB 000000 000098 POSTAGE	.00		.00
19	AB 000000 000072 POSTAGE	.00		.00
23	AB 000000 000049 POSTAGE	.00		.00
24	AB 000000 000049 POSTAGE	.00		.00
25	AB 000000 000049 POSTAGE	.00		.00
30	AB 000000 000049 POSTAGE	.00		.00
31	AB 000000 000049 POSTAGE	.00		.00

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LOCATION: DORM B 7	01	UNIT:	E1
NAME: COLLINS, DOUGLAS			
DATE: 03/30/18		ACCOUNT NUMBER:	00298978

03/18	ITEM/DESCRIPTION	WITHDRAWALS	DEPOSITS	BALANCE
01	AB 000000 000052 POSTAGE	.00		.00
15	AB 000000 000052 POSTAGE	.00		.00

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